

2022

Personal Organizer

Norwalk Business Service, Inc.
www.nbs-tax.com
nbsinc@nbs-tax.com

Your Name: Birthdate: SSN:
Spouse's Name Birthdate: SSN:
Cell # Home # Email Address:
Mailing Address: City: St Zip
Residence Address (if different): City: St Zip
Your Driver's License: Spouse's Driver's License:
Your License State Issued: Issue Date: Expiration Date:
Spouse's License State Issued: Issue Date: Expiration Date:

****New clients please bring a copy of your prior year's tax return with depreciation schedule****

Table with 5 columns: Name, Birthdate, SSN (Mandatory), Relationship, Months lived at home (if less than 12). Rows 1-5.

Estimated Taxes:

Table for Estimated Taxes with columns for Federal (Due Date, Date Paid, Amount) and State (Due Date, Date Paid, Amount). Includes rows for 4/18/2022, 6/15/2022, 9/15/2022, 1/17/2023 and Other Payments to IRS/FTB.

1. Interest Received: Bring Form 1099 INT

Table for Interest Received from Banks, Savings, Credit Unions with columns for From and Amount.

Tax Exempt Interest

Table for Tax Exempt Interest (Do not include IRA earnings) with columns for From and Amount.

Interest Received from Individuals:

Table for Interest Received from Individuals with columns for Name, Address, SSN(Mandatory), Amount.

2. Stocks Dividends Received: Bring Form 1099-DIV & 1099-B (Stock Sales and Bitcoin)

Table for Stocks Dividends Received with columns for From and Amount.

Did you sell, send, exchange, or otherwise acquire any interest in any crypto currency this year? Yes / No
Bring transactions including Sales Price, Purchase Price, Date Acquired/Sold, and Rewards/Earnings

3. Unemployment Income Received

\$

Unemployment Income Repaid

\$

IRA/Pension/401k Distribution: Bring Forms 1099R

Name: _____ Amount: \$ _____
Name: _____ Amount: \$ _____
Name: _____ Amount: \$ _____
Name: _____ Amount: \$ _____

IRA/Pension/401k Rollover: Bring Form 1099R

Name: _____ Amount: \$ _____
Name: _____ Amount: \$ _____

Roth Conversion: Bring Form 1099R

Name: _____ Amount: \$ _____
Name: _____ Amount: \$ _____

IRA Contribution:

You: \$ _____ Spouse: \$ _____

Roth IRA Contribution:

You: \$ _____ Spouse: \$ _____

Gambling Winnings: (Bring W-2 G)

You: \$ _____ Spouse: \$ _____

Bring win / loss statements if you have winnings

Social Security: Bring Form SSA-1099

You: \$ _____ Spouse: \$ _____

Any other income we should be aware of.

Type: _____ Amount: \$ _____

Settlement Money Received:

You: \$ _____ Spouse: \$ _____

Medical Expense:

Prescriptions \$ _____
Doctors, Dentists, Nurses & Co-Pay \$ _____
Hospital & Nursing Homes \$ _____
Medical Ins. Premiums \$ _____
Medicare Premiums on SSA 1099 \$ _____
Long Term Care Premiums \$ _____
Long Term Care Premiums (Spouse) \$ _____
Parking \$ _____
Miles For Medical Care 01/01-06/30 _____
Miles For Medical Care 07/01-12/31 _____
Glasses, X-Rays & Lab Fees \$ _____
Other-Hearing Aids, ETC. \$ _____

Taxes:

Property Tax (Pers. Residence) \$ _____
Property Tax (Land, 2nd Prop) \$ _____
Auto Registration (No. of Vehicles ___) \$ _____
Pers. Prop Tax (Boat, etc.) \$ _____
Sales Tax (Car, Boat, Airplane) \$ _____
Hero Program (Bring Tax Bill)

Mortgage Interest Paid:

Home Mtg: **Bring Form 1098 from Mortgage Holder**
Mortgage Co.

_____ \$ _____

Mortgage Co. \$ _____

Home Mtg: Paid to Individuals \$ _____

Name: _____ SSN: _____

Address: _____

Student Loan Interest Paid: \$ _____

Special Teachers Deduction

Amt paid for teaching supplies \$ _____

Contributions:

Church \$ _____ \$ _____
Payroll Ded. \$ _____ \$ _____
Other \$ _____ \$ _____
Other \$ _____ \$ _____
Other \$ _____ \$ _____
Out of Pocket Expense \$ _____ \$ _____

Non-Cash Contributions:

FMV

Goodwill \$ _____
In-Kind Donations \$ _____

Non-cash contributions over \$500.00 must have documentation showing what was given, the value of the donation, how much it was purchased for, and when it was purchased

Car donations: Bring Required Form 1098-C

All cash contributions require written substantiation from that organization. Checks under \$250. are acceptable.

Charity Travel _____ Mi

Misc. Work Related : State Deductible Only

Union Dues \$ _____
Tax Preparation \$ _____
Safe Deposit Box \$ _____
Job Related Books & Manuals \$ _____
Job Related Cellular Phone \$ _____
Job Related Telephone Calls \$ _____
Job Related Education \$ _____
Job Education Miles 01/01-06/30 _____ Mi
Job Education Miles 07/01-12/31 _____ Mi
Job Related Meals \$ _____
Job Seeking Exp (list separately) \$ _____
Laundry - Uniforms \$ _____
Small Tools for Work \$ _____
Uniforms (not gen. wear) \$ _____
Credit Card Fees to pay your taxes \$ _____

Employee Business Auto Expense (State Only):

Total Miles _____
Business Miles 01/01-06/30 _____
Business Miles 07/01-12/31 _____
Personal Miles _____
Gas \$ _____
Repairs \$ _____
Tires \$ _____
Vehicle Insurance \$ _____
Misc: (Car Wash, etc) \$ _____
Auto Registration \$ _____
Vehicle Lease Payments \$ _____

Employee Business Travel (State Only):

Meals \$ _____
Air Fares \$ _____
Number of Overnight Stays: _____
Parking \$ _____
Reimbursement from employer
not included in W-2 \$ _____
Incidentals (Taxi, Dry Cleaning, Etc) \$ _____

*If you have a business, fill these expenses
on the business or realtor worksheet.*

Did you or your dependents receive insurance through an exchange? (Covered CA) Yes / No
If yes, bring Form 1095-A AND California Form 3895

Health Insurance: California Residents Only

Did every member of your family have health insurance last year? Yes / No
If no, your preparer will need to know which months each member of your family had health insurance.
Bring 1095-A, 1095-B, 1095-C, and 3895 for verification. Medicare counts as coverage

Child Care:

Person or Organization Paid: _____ Number of Dependents cared for: _____
SSN or Federal ID# of Organization _____ Amount paid for each child: _____
Address: _____ Phone Number (required) _____
City: _____ St: _____ Zip: _____
Did you receive dependent childcare benefits on your W-2? Yes / No

Bring information if your dependent, under 24, has unearned income of \$2300 or more during the year

Purchased and/or refinanced Personal Residence, Vacation Home, Land, or Income Property

Bring in the Final Escrow Closing Statement. (If a rental was purchased, bring in the property tax bill.)

Sold Personal Residence, Vacation Home, Land, or Income Property

Please bring in the Final Escrow Closing Statement and Form 1099-S.

Did you have debt cancellation or foreclosure?

Date _____
Amount \$ _____

Bring your last loan statement
and Form 1099A or Form 1099C

Energy Credits

Solar Energy
(Contract is Mandatory) Amount \$ _____
Electric Vehicle Credit
(Contract is Mandatory) Amount \$ _____

Energy Efficient Improvements

Windows & Skylights \$ _____
Exterior Doors \$ _____
Home Energy Audit \$ _____
Heat Pump \$ _____
Insulation or Roofing \$ _____
Water heater \$ _____
A/C or Fan \$ _____

Alimony:

Paid: \$ _____
Received: \$ _____
SSN of Ex-Spouse _____
Date of Original Agreement _____

Other Improvement: \$ _____

Bring Proof the Item(s) Qualifies for Credit

Do you have any household employees? **Yes / No**

Asset Reporting

Do you own/have interest in any Foreign Account? (Cash, Retirement, Pension, Stock, etc) Yes / No
If yes, please bring the Asset or Account Info. (Name, Address, Account Number, and Balance)
Received foreign gifts over \$100,000.00 from an Individual or \$16,815.00 from a business? Yes / No
Do you have any foreign sourced income? Yes / No
Do you have an online Gambling Account Yes / No
Is there any other income that we should be aware of? Yes / No
Do you have any unreported California Sales Tax? Amount \$_____ Yes / No

Dependency and Head of Household Questionnaire

If you do not have a dependent, do not answer. Spouses are not dependents.
The Internal Revenue Service is requiring all tax practitioners to inquire with taxpayers whenever a Child Tax Credit,
Earned Income Credit, or Head of Household Status is claimed.

Child Dependency and Earned Income Credit Questions

Can you be claimed as a dependent on someone else's return? Yes / No
Do you (and your spouse if applicable) both have Social Security Numbers (not ITINS)? Yes / No
Can anyone else claim any of the dependents you are claiming on your tax return? Yes / No
Did the dependent live with you for over 50% of the year? (College attendance is ok) Yes / No
Did you provide 50% or more support for the dependents you are claiming on your tax return? Yes / No
Did a custodial parent allow you to claim a dependent this year? (bring signed Form 8322) Yes / No
Are all your dependents US Citizens? Yes / No
Do all of your dependents have Social Security Numbers? (not ITINS) Yes / No
Were you a US Citizen or Resident Alien for the entire year? Yes / No
Do you pay more than half the cost of maintaining a parent's separate household? Yes / No
Are any of the dependents you are claiming married? Yes / No
Has your earned income tax credit been disallowed in the past? Yes / No

Head of Household Question

Were you unmarried or living apart from a spouse for the last 6 months of the year? Yes / No

Please bring in copies of medical or school records showing that the child lives with you at your address.

If you share 50 percent custody with a dependent with another taxpayer, the taxpayer who earned the most money must claim the dependent unless the dependent is released with Form 8322.

College Questionnaire

Was the college student a half time student or more? (6 units in one semester is as half time) Yes / No
Does the college student have a felony drug conviction? Yes / No
Did you receive a 1098-T for the student? (please bring 1098-T and financial transcript) Yes / No

Tuition & Fees Paid \$_____ ESA / QTP/ 529 Withdrawal \$_____
Books \$_____ Tuition and Student Housing Total
Scholarships \$_____ Housing Amount cannot exceed School Dormitory
cost or School Cost of Living Estimate

If you are self employed, please fill out our Business Worksheet or Real Estate Worksheet so we can document your income.

By signing this you are indicating that this questionnaire is correctly answered and the income and expenses provided to the tax preparer are accurate.

Signature _____ Date _____

Should you need to contact us, please feel free to either call or email our office.
Yours truly,

Norwalk Business Service, Inc. (562) 863-4808

rcavish@nbs-tax.com

bcavish@nbs-tax.com

dcavish@nbs-tax.com